MAJORS AND CONCENTRATIONS

Education
Certification for Secondary Schools
- Art 2021
- Biology 2060
- Chemistry 2090
- Communication 2325
- Earth & Space Science 2363
- English 2300
- Mathematics 2480
- Physics 2630
- Social Studies 2781
- Spanish 2840

Early Childhood Education Services 1187
Elementary Education Services 1004
Technology Education K-12 4001
Elementary Pre K-4 1500
Elementary Pre K-4/Special Ed 1520
Elementary Grades 4-8 1600
Language Arts/Reading 1601
Mathematics 1602
Science 1603
Social Studies 1604
Math & Language Arts/Reading 1605
Math & Science 1606
Math & Social Studies 1607
Science & Language Arts/Reading 1608
Science & Social Studies 1609

Elementary Grades 4-8/Special Ed 1620
Language Arts/Reading 1621
Mathematics 1622
Science 1623
Social Studies 1624

Electrical Engineering Technology 7300

English 5300
Creative Writing 5313
Journalism 5310
Language & Literacy 5316
Literature 5315

Environmental Studies 7150
Conservation Ecology 7154
Fisheries & Wildlife Biology 7171
Environmental Science 7175
Leadership and Management 7153

Geography 5360
Climatology 5345
GIS & Emergency Management 5344
Tourism Studies 5367
Geology 5362
Gerontology 9812
Graphic Design 5022
Graphics & Multimedia 7027
History 5420
International Studies 5300
Justice Studies 5821
Homeland & International Security 5827
Criminology 5823
Law & Justice 5824
Forensic Science 5825
Liberal Studies 5005
Mathematics 7480
Nursing (BSN) for RNs 7501
Parks & Recreation Management 5582
Philosophy 5600
Physics 7630
Political Science 5660
Pre-Law 5661
Psychology 5690
Social Science 5800
Social Work 9815
Sociology 5810
Applied Sociology 5815
Spanish 5840
Sport Management Studies 9530
Professional Golf Management 9531
Technology Management 7121
Theatre 5871
Undecided in Education 9999
Undecided in Liberal Arts 9999
Undecided in Science & Technology 7999

ASSOCIATE DEGREES
Accounting 7700
Computer Engineering Technology 7702
Computer Science Technology 7701
Computer Information Systems 7705
Early Childhood 1100
Electrical Engineering Technology 7742
Graphics & Multimedia 7410
Industrial Technology 7051
Liberal Studies 5001
Physical Therapist Assistant 9601
Robotics Engineering Technology 7726
Technical Studies 7725
1. **Semester you plan to enroll:**
   (see majors and concentrations listing)
   [ ] TERM (FALL, SPRING OR SUMMER) [ ] YEAR

2. **Degree Program Choice:**
   (refer to majors and concentrations listing)
   [ ] CODE NUMBER
   [ ] NAME OF MAJOR OR CONCENTRATION

3. **Are you currently attending or have you attended another college or university in the U.S.?**
   (leave blank if none)
   [ ] NAME OF U.S. COLLEGE YOU ARE CURRENTLY ATTENDING OR YOU HAVE ATTENDED

4. **Final date of enrollment at U.S. college or university attended:**
   (leave blank if none)
   [ ] MONTH [ ] DAY [ ] YEAR

5. **Your complete name:**
   (as it appears on your passport)
   LAST OR FAMILY NAME
   [ ] FIRST NAME
   [ ] MIDDLE NAME(S)

6. **Permanent home address:**
   (cannot be a U.S. address - for SEVIS reporting purposes)
   [ ] NUMBER AND STREET NAME
   [ ] NUMBER AND STREET NAME (CONTINUED)
   [ ] APARTMENT NUMBER
   CITY
   [ ] STATE, PROVINCE OR TERRITORY
   [ ] POSTAL CODE

7. **U.S. address:**
   (required of transfer from U.S. school and change of visa status to F-1 applicants – leave blank if not applicable)
   [ ] NUMBER AND STREET NAME
   [ ] NUMBER AND STREET NAME (CONTINUED)
   [ ] APARTMENT NUMBER
   CITY
   [ ] STATE, PROVINCE OR TERRITORY
   [ ] POSTAL CODE
8. **Permanent e-mail address:**

9. **Permanent home telephone number:**
   COUNTRY CODE AND TELEPHONE NUMBER

10. **U.S. telephone number:**
   (required of transfer from U.S. school and change of visa status to F-1 applicants – leave blank if not applicable)
   AREA CODE AND TELEPHONE NUMBER

11. **Date of birth:**
   MONTH DAY YEAR

12. **Place of birth:**
   CITY AND COUNTRY

13. **Country of citizenship:**

14. **Parents:**
   > LAST OR FAMILY NAME
   FIRST NAME
   MIDDLE NAME(S)
   LIVING DECEASED

   > LAST OR FAMILY NAME
   FIRST NAME
   MIDDLE NAME(S)
   LIVING DECEASED

15. **List all dependents who will accompany you during your studies:**
   (leave blank if none)

   > LAST OR FAMILY NAME
   FIRST NAME
   MIDDLE NAME(S)
   RELATIONSHIP TO APPLICANT
<table>
<thead>
<tr>
<th>LAST OR FAMILY NAME</th>
<th>FIRST NAME</th>
<th>MIDDLE NAME(S)</th>
<th>RELATIONSHIP TO APPLICANT</th>
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16. **Persons to be notified in the event of an emergency:**

   (person residing within the U.S.)

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<thead>
<tr>
<th>LAST NAME</th>
<th>FIRST NAME</th>
<th>AREA CODE AND TELEPHONE NUMBER</th>
<th>E-MAIL ADDRESS</th>
<th>RELATIONSHIP TO APPLICANT</th>
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   (person residing outside the U.S.)

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<th>LAST NAME</th>
<th>FIRST NAME</th>
<th>COUNTRY CODE AND TELEPHONE NUMBER</th>
<th>E-MAIL ADDRESS</th>
<th>RELATIONSHIP TO APPLICANT</th>
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17. **Education listing:**

   (list any secondary school and any college or university you have attended)

<table>
<thead>
<tr>
<th>SECONDARY SCHOOL</th>
<th>NAME OF SECONDARY SCHOOL</th>
<th>TO</th>
<th>YES</th>
<th>NO</th>
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<tr>
<th>NAME OF SECONDARY SCHOOL</th>
<th>MONTH</th>
<th>DAY</th>
<th>YEAR</th>
<th>TO</th>
<th>MONTH</th>
<th>DAY</th>
<th>YEAR</th>
<th>YES</th>
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</table>
### Secondary School #2 (If Applicable)

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<thead>
<tr>
<th>Name of Secondary School #2</th>
<th>TO</th>
<th>Yes</th>
<th>No</th>
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<tbody>
<tr>
<td>Date</td>
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**Certificate, Diploma or Degree Awarded**

### College or University

<table>
<thead>
<tr>
<th>Name of College or University</th>
<th>TO</th>
<th>Yes</th>
<th>No</th>
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<tr>
<td>Date</td>
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**Diploma or Degree Awarded**

### College or University #2 (If Applicable)

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<thead>
<tr>
<th>Name of College or University #2</th>
<th>TO</th>
<th>Yes</th>
<th>No</th>
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<tr>
<td>Date</td>
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**Diploma or Degree Awarded**

**Application Continues on Next Page – Affidavit of Financial Support**
Affidavit of Financial Support

Undergraduate International Student Application
2013-2014 Academic Year

1. Applicant’s acknowledgement:
I understand that unless I receive financial support from California University of Pennsylvania, I must have at least $30,609 (U.S.) per year available to me to pay for the cost of my studies and to be accepted for admission. My signature certifies that all information provided on this form is complete and accurate, and that I am responsible for all expenses for myself and any dependents accompanying me during my studies. California University of Pennsylvania is not required to provide financial assistance or employment. In the event financial assistance/employment is awarded, I understand that continued support is contingent on many factors, including meeting all obligations and conditions required to qualify for support, maintaining my F-1 Visa, and on availability of university funding. In the event any form of financial support is not continued, it will be necessary that I provide my own financial support.

APPLICANT’S SIGNATURE

[Signature]

MONTH
DAY
YEAR

APPLICANT’S NAME - PRINTED

2. Calculate your total cost for one academic year (fall and spring semesters):
(check each box that applies to you)

* $16,369 Tuition and fees cost

* $10,530 On-campus housing and meals cost¹

¹ Cost of most common housing plan (2 bedroom/2 bath/double occupancy) and required meal plan (14 meals per week). This cost may be adjusted if student will live off-campus and has provided documentation verifying housing and food costs (refer to next line).

* $ [ ] Adjusted off-campus housing and meals cost – enter total amount to nearest dollar²

² Housing and meals cost may be adjusted with approval of university international student advisor – documentation verifying cost of housing and meals is required.

* $1,768 Books and supplies cost - approximate

* $1.942 University student health insurance plan cost³

³ International students are required by the university to carry student health insurance for their entire period of enrollment. The student may be covered by a plan other than the university plan (refer to next line).

* $ [ ] Alternate student health insurance plan – enter total amount to nearest dollar⁴

⁴ An alternate student health insurance plan must meet a benefit level equal to or exceeding the benefit level offered by the university plan. If an alternate plan is approved by the university, the student health insurance cost may be adjusted accordingly. For more information, contact the university international student advisor.

* $6,000 Dependent cost - SPOUSE

* $3,600 Dependent cost – CHILD #1

* $3,600 Dependent cost – CHILD #2

* $3,600 Dependent cost – CHILD #3

$ [ ] Total cost to be verified by applicant for admission – total of checked amounts above
3. **Financial sponsor’s declaration:**

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<th>MIDDLE NAME</th>
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<th>RELATIONSHIP TO APPLICANT</th>
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<th>NUMBER AND STREET NAME (ADDRESS)</th>
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<th>NUMBER AND STREET NAME (CONTINUED) APARTMENT NUMBER</th>
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<th>CITY</th>
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<th>STATE, PROVINCE OR TERRITORY</th>
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<tr>
<th>COUNTRY CODE AND TELEPHONE NUMBER – OR - U.S. TELEPHONE NUMBER INCLUDING AREA CODE</th>
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I hereby guarantee without reservation to provide financial support on behalf of the applicant listed on this Affidavit of Financial Support to meet costs associated with his/her education at California University of Pennsylvania in the amount of $__________ (U.S. dollars) for the first year and each subsequent year while this student is enrolled at the university. I realize that I am fully responsible, and will be held accountable by the university, for maintaining the terms of this declaration.

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<th>SPONSOR’S SIGNATURE</th>
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4. **Applicant’s self-support declaration:**

I hereby guarantee without reservation that I possess $__________ (U.S. dollars) in personal funds to meet costs associated with my studies at California University of Pennsylvania the first year and each subsequent year I am enrolled at the university. I realize that I am fully responsible, and will be held accountable by the university, for maintaining the terms of this declaration.

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<th>APPLICANT’S SIGNATURE</th>
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5. **Scholarship support declaration:**

I hereby guarantee without reservation that I will be awarded scholarship funding in the amount of $__________ (U.S. dollars) to meet costs associated with my studies at California University of Pennsylvania the first year and each subsequent year I am enrolled at the university. I realize that I am fully responsible, and will be held accountable by the university, for maintaining the terms of this declaration.

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<tr>
<th>SCHOLARSHIP OFFICIAL’S SIGNATURE</th>
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<th>SCHOLARSHIP OFFICIAL’S NAME PRINTED</th>
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<th>NAME OF SCHOLARSHIP GRANTING ORGANIZATION</th>
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6. **Cost of attendance and necessary funding verification:**

Upon application for admission to the university, the applicant must declare and verify that he/she possesses the necessary funding to meet the costs associated with their education for their first year and each subsequent year they are enrolled at the university. Refer to your calculation of total cost for one academic year (fall and spring semesters) to complete the following cost of attendance and funding verification.

$ $ Enter amount of financial sponsor support – refer to Section 3. of this affidavit

$ $ Enter amount of self-support – refer to Section 4. of this affidavit

$ $ Enter amount of scholarship support – refer to Section 5. of this affidavit

$ $ **Total funding** – sum of all funding sources above

$ $ **Total cost for one academic year** – refer to Section 2. of this affidavit

7. **Instructions for submission of your application:**

A. Refer to Section 6. of this affidavit. Your total funding must equal or exceed your total cost for one academic year before you may submit your application.

B. Official documentation confirming each total support amount from Sections 3., 4., and/or 5. must accompany your application. Official documentation may be provided in the form of:

   - Bank statement from checking, savings, and/or certificate of deposit
   - Bank letter on letterhead, stating the date the account opened, average balance, and current balance
   - Scholarship or sponsorship letter or memorandum verifying amount, source, and dates of award

C. Assemble all required items listed below. Applicants will not be considered for acceptance until all items have been submitted. **An I-20 for study at California University of Pennsylvania will not be issued unless acceptance to the university has been granted by the Office of Admissions.** Your TOEFL and SAT scores must be submitted to California University of Pennsylvania directly from the testing agencies. Information on either test is available online.

   - Non-refundable application fee of $50 in the form of a check or money order in U.S. dollars made payable to California University of PA
   - Undergraduate International Student Application
   - Affidavit of Financial Support
   - Official documentation confirming all financial support amounts
   - Two letters of reference from persons not related to you by birth or marriage. It is preferred that one of these letters be completed by the headmaster or principal of your secondary school, and at least one additional letter be sent from a teacher or professor who has good knowledge of your academic work.
   - Recent photograph of you taken within the past 90 days (electronically submitted photos are permitted)
   - Your TOEFL score (Test of English as a Foreign Language) - www.ets.org/toefl
   - Your SAT scores (Scholastic Aptitude Test) - student.collegeboard.org

D. Submit all items to:

   Mr. Barry Bilitski  
   Assistant Director of Admissions  
   Campus Box 94  
   250 University Avenue  
   California, PA  15419  
   U.S.A.